

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Ralf Peter Mueller

Application No.: 10/565,871

Group No.: 3724

Filed: 07/27/2006

Examiner: Alie, Ghassem

For: AXIALLY-DISPLACEABLE CUTTER AND CUTTING GAP ADJUSTMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

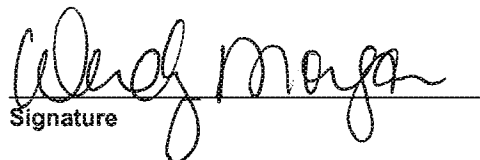
3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee: \$120.00

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. section 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being sent via EFS to USPTO.GOV:

Date: 2-25-08


Signature

Wendy Morgan

(type or print name of person certifying)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDIT. FEE	
TOTAL	19	—	20	=	0	x	\$ 50.00 = \$ 0.00
INDEP.	3	—	3	=	0	x	\$ 210.00 = \$ 0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+	\$ 0.00 = \$ 0.00
						TOTAL	
						ADDIT. FEE	\$ 0.00

No additional fee for claims is required.

FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$120.00 to Deposit Account No. 50-1097.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

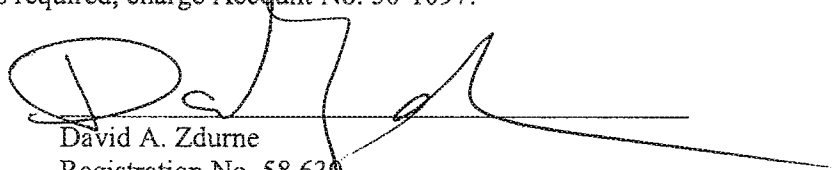
FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 50-1097.

If an additional fee for claims is required, charge Account No. 50-1097.

Date:

2/25/09


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